

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PART I LOBBYIST	(Type of Thirt		
NAME (Last)	(First)	(Middle)	TELEPHONE
DAYTON	NAKANELUA	M.	808 847-2631
MAILING ADDRESS (Street)	FAX		
1426 NORTH SCHOOL STREET			808 848-1987
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO			808 847-2631
MAILING ADDRESS (Street)			FAX
1426 NORTH SCHOOL STREET			808 848-1987
(City)	(State)		(Zip Code)
HONOLULU	HI	96817	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO		808 847-2631	
MAILING ADDRESS (Street)		FAX	
1426 NORTH SCHOOL STREET		808 848-1987	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
DAYTON M. NAKANELUA		808 847-2631	
MAILING ADDRESS (Street)		FAX	
1426 NORTH SCHOOL STREET		808 848-1987	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	

Agriculture    Communications & Science, Technology & Economic Development	PART III DESCRIPTION	N OF SURJECTS UDON WA	ICU VOLLEVDEAT TALLADD	,
Public Utilities  Finance Fina	Agriculture		· · · · · · · · · · · · · · · · · · ·	✓ Science, Technology &
Commerce  Commer	- Communications a		- maigotommentar (ciations,	✓ Tourism & Recreation
Preservation  Pr	42 Contract of the Contract	Hawaiian Affairs	Labor & Employment	
PART IV CERTIFICATION OF LOBBYIST    hereby carlify that the information furnished above is, to the best of my knowledge, correct and complete.   Line of Lobbyist   O1-09-2007     (Signature of Lobbyist)   (Date)    PART V AUTHORIZATION TO LOBBY     NAME		✓ Health		Other: (indicate below)
Description of the property cartify that the information furnished above is, to the best of my knowledge, correct and complete.   Color		Housing	Public Safety & Corrections	
Description of the property cartify that the information furnished above is, to the best of my knowledge, correct and complete.   Color	DARTIV CERTIFICATIO			
(Signature of Lobbyist)  PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (City)  (State)  (City)  (State)  (City)  (State)  (City)  (State)  (City)  (State)  (Applicable)  (Zip Code)  HONOLULU  HI  96817				
(Signature of Lobbyist)  (Date)  PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (State)  (Zip Code)  HONOLULU  HI  96817  I hereby authorize the above - named person to efligage in lobbying a ctivities on behalf of the undersigned.	Deretby certify that th	e information furnished above	e is, to the best of my knowled	ge, correct and complete.
(Signature of Lobbyist)  PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (City)  (State)  (Zip Code)  HONOLULU  HI  96817  I hereby authorize the above - named person to efligage in lobbying a ctivities on behalf of the undersigned.	Vaclor	b Calcambus	01-09	9-2007
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DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (City)  (State)  HI  1 96817  I hereby authorize the above - pamed person to efigage in lobbying a ctivities on behalf of the undersigned.				(Bate)
DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (City)  (State)  (City)  (State)  (A Mail of the undersigned.  (City)  (State)  (A Mail of the undersigned.	PART V AUTHORIZATI	ON TO LOBBY		
DAYTON M. NAKANELUA  NAME OF ORGANIZATION (if applicable)  UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (State)  (State)  (Zip Code)  HONOLULU  HI  96817  I hereby authorize the above - period person to engage in lobbying a ctivities on behalf of the undersigned.	NAME		TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO  MAILING ADDRESS (Street)  1426 NORTH SCHOOL STREET  (City)  (City)  (State)  HONOLULU  HI  96817  I hereby authorize the above - period person to efigage in lobbying a ctivities on behalf of the undersigned.	DAYTON M. NAKANEL	UA		
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HONOLULU  HI  96817  I hereby authorize the above - perned person to efigage in lobbying a ctivities on behalf of the undersigned.	MAILING ADDRESS (Street)	(ERS, AFSCME, LOCAL 6	46, AFL-CIO	808 847-2631
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(XI) A.	MAILING ADDRESS (Street)  1426 NORTH SCHOOL	KERS, AFSCME, LOCAL 6		808 847-2631 FAX 808 848-1987
(XI) A.	MAILING ADDRESS (Street)  1426 NORTH SCHOOL  (City)  HONOLULU	STREET  (State)	(i 9	808 847-2631  FAX 808 848-1987  Zip Code) 96817
	MAILING ADDRESS (Street)  1426 NORTH SCHOOL  (City)  HONOLULU	STREET  (State)	(i 9	808 847-2631  FAX 808 848-1987  Zip Code) 96817
(Signature of Authorizing Officer or Person Represented) (Date)	MAILING ADDRESS (Street)  1426 NORTH SCHOOL  (City)  HONOLULU  I hereby authorize the	STREET  (State) HI  above - paged person to eng	gage in lobbying a ctivities on b	808 847-2631  FAX 808 848-1987  Zip Code) 96817  ehalf of the undersigned.